

State of South Dakota

Candidate's or Committee's Report of Receipts and Expenditures RECEIVED

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070 S.D. SEC. OF STATE
······································
See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.
Name of Candidate or Committee Craig Stephsland
Complete Mailing Address 3517 W. Hugher Place Story Food SD 5710
Name of Person Making Report Croy Stear and Daytime Phone Number 334 - 2415 If you are a candidate, what office are you seeking? State House 412
If you are a candidate, what office are you seeking? State House 412
If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.
Type of Report (See pages 4 & 5 of Guideline Book) post Alway
For Reporting Period Ending (See pages 4 & 5 of Guideline Book) Tuly 3, 2006
The following verification must be completed before submitting report.
VERIFICATION OF PERSON MAKING REPORT
I <u>Crois</u> Stews (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.
Date: 7/0/06 Candidate Signature or
Signature of Committee Treasurer or Chairperson
Revised July 2001
Filed this of day of
<u> </u>

Name of Candidate or Committee Crais Itemsand				
For the reporting period e	ending July 3, 20	06		
combine all contributions of \$10 contributions on their respective year from an individual or politic amount, name, address and place	Schedule A – Direct Cong all direct contributions. You must keep at 0 or less from individuals and the same from lines below and on the next page. Any contral party and all contributions from PAC's of employment (if applicable) of the contral duplicated if you need more space, or you	record of all contributors, but for the modifical parties and enter these subtribution of more than \$100 or aggreemust be entered as a separate item (included). Each type of contributor has	ims as unitemized egate during a calendar itemized) giving the their own section for	
Unitemized Contributions from	n Individuals:		*\$	
Itemized Contributions from I		Place of Employment		
Name	Residence Address	(Name of Employer)	1	
-ray Ste-want	350 W. Huge Place	Printer for	\$ 100.4	
,	Sunc Fold SD		\$	
			\$	
			\$	
			8	
			•	
			\$	
			\$	
			\$	
			S	
			\$	
			\$	
			\$	
			\$	
		30	\$	
			\$	
			1 *	
			°	
			-	
			*	
			\$	
<u></u>			\$	
			\$	
			s	
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			1 &	
			│ 	
			3 ————	
100			\$	
			\$	
			\$	
			\$	
			\$	
			<u>*</u>	
Total of Itemized Contributio	ne from Individuale:		1 * 1(\/\ CV	
TAME AT THEMPSER CARRESTONES	in ii chi iimi iimiiimii.		4 100 -	

Name of Candidate or	Committee: C	Trais Steenhoul	Appendix
For the reporting perio		Htto 7(3/06	
• • •		B - Fund-Raising Events Proceeds	
List on this schedule fund-rais contributor gives more than \$ contributions must be itemize	sing events held to 100 or their contri	raise money for the candidate and the net proceeds de bution results in their aggregate being more than \$100	rived from each event. If a in the calendar year, those
Type or Name of Event			Net Proceeds
X(6x		
	{	· · · · · · · · · · · · · · · · · · ·	
	ı		
Total:			· · · · · · · · · · · · · · · · · · ·
Report all non-cash contribut contributor, residence addres	ions of goods or s	edule C - In Kind Contributions ervices and the estimated fair market value. If the value ployment must be reported.	ie exceeds \$100, the name of the
		Name, Residence Address &	
Nature of Non-Cash C	Contribution	Place of Employment	Estimated Value
			<u> </u>
F/10			
(U)			
	<u>-</u>		
<u> </u>	+	-	
Total:	:		
TT		Schedule D - Other Income	- 1 -
Use this schedule to report a	ny refunds, interes	at earned or other income which is not a direct contribu	tion.
Source of Income			Amount
· · · · · · · · · · · · · · · · · · ·			
	121		
	<i>(P)</i>		
		4	
Total:			

'or the reporting			
or me reporting	period ending:		*
		Schedule E – Expenditures	***
his schedule is to rep spenses. All other ex	ort all expenditures rela openses should be listed	ating to a candidate's campaign. Line items have bee	n provided for reporting of must be listed individual
Ex	penses	Contributions Made to Candidates	and Committees
tem	Amount	Name of Candidate or Committee	Amount
dvertising	-0-		
Consulting			
ostage			
rinting			
Rent			
alaries			
'elephone			
Travel		-	
Utilities	-	***************************************	
List other expense	List other expense		
items below	amounts below		
nothing list	100.00		
.000	1		
			(1)
·	1 1	4	
	1		
	 		
			
	 		
	1		l l

= (00,00 Total Expenditures:

Name of Candidate or Committee:	Coay Steenland	Appendix
For the reporting period ending:	2/3/00	e .
Sch	edule F - Debts and Obligations	
This schedule is to report all of the candidate's has been contracted but not billed, estimate the	campaign obligations which are unpaid at the end of the rep	porting period. If a service
Owed to:	Purpose:	Amount
Total Obligations:		

Nai	me of Candidate or Committee: Chay Ite Europe	
For	the reporting period ending: 7 3 00	
This	Summary Page s summary sheet will give a brief outline of all campaign finance activity during this reporting period. P	lease transfer all totals
fron	n the schedules previously completed.	
1.	Amount on hand, if any, at the beginning of the reporting period:	\$ 0.00
2.	Receipts	
	Schedule A - Direct Contributions \$ (00. =	
	Schedule B - Fund-Raising Events \$	94
	Schedule C - In Kind Contributions \$	g.
	Schedule D - Other Income \$	
	Total of all Receipts \$	*
3.	Total Monetary Receipts (A+B+D)	\$ (00.00
4.	Candidate's Personal Contribution to Own Campaign	\$
5.	Monetary Loans to Candidate or Committee During Reporting Period	\$
6.	Monetary Loans Repaid During Reporting Period	\$
7.	Expenditures - Schedule E	\$ 100.00
8.	Unpaid Obligations - Schedule F \$	
9.	Amount on hand at the close of this reporting period. * This should equal lines $(1+3+4+5) - (6+7)$	\$ 0.00
		¥